

**Form I-485, Application to Register
Permanent Residence or Adjust Status****Purpose of This Form.**

This form is used by a person who is in the United States to apply to the Immigration and Naturalization Service (INS) to adjust to permanent resident status or register for permanent residence. It may also be used by certain Cuban nationals to request a change in the date their permanent residence began.

Who May File.

Based on an immigrant petition. You may apply to adjust your status if:

- an immigrant visa number is immediately available to you based on an approved immigrant petition; or
- you are filing this application with a complete relative, special immigrant juvenile or special immigrant military petition, which if approved, would make an immigrant visa number immediately available to you.

Based on being the spouse or child (derivative) at the time another adjustment applicant (principal) files to adjust status or at the time a person is granted permanent resident status in an immigrant category that allows derivative status for spouses and children.

- **If the spouse or child is in the United States**, the individual derivatives may file their Form I-485 adjustment of status applications concurrently with the Form I-485 for the principal beneficiary, or file the Form I-485 at anytime after the principal is approved, if a visa number is available.
- **If the spouse or child is residing abroad**, the person adjusting status in the United States should file the **Form I-824, Application for Action on an Approved Application or Petition**, concurrently with the principal's adjustment of status application to allow the derivatives to immigrate to the United States without delay, if the principal's adjustment of status application is approved. **No I-824 fee will be refunded if the principal's adjustment is not granted.**

Based on admission as the fiancé(e) of a U. S. citizen and subsequent marriage to that citizen. You may apply to adjust status if you were admitted to the U. S. as the K-1 fiancé(e) of a U. S. citizen and you married that citizen within 90 days of your entry. If you were admitted as the K-2 child of such a fiancé(e), you may apply based on your parent's adjustment application.

Based on asylum status. You may apply to adjust status if you have been granted asylum in the U. S. after being physically present in the U. S. for one year after the grant of asylum, if you still qualify as an asylee or as the spouse or child of a refugee.

Based on Cuban citizenship or nationality. You may apply to adjust status if:

- you are a native or citizen of Cuba, were admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year; or
- you are the spouse or unmarried child of a Cuban described above, and regardless of your nationality, you were admitted or paroled after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year.

Based on continuous residence since before January 1, 1972. You may apply for permanent residence if you have continuously resided in the U.S. since before January 1, 1972.

Applying to change the date your permanent residence began. If you were granted permanent residence in the U. S. prior to November 6, 1966, and are a native or citizen of Cuba, his or her spouse or unmarried minor child, you may ask to change the date your lawful permanent residence began to your date of arrival in the U. S. or May 2, 1964, whichever is later.

Other basis of eligibility. If you are not included in the above categories, but believe you may be eligible for adjustment or creation of record of permanent residence, contact your local INS office.

Persons Who Are Ineligible.

Unless you are applying for creation of record based on continuous residence since before January 1, 1972, or adjustment of status under a category in which special rules apply (such as asylum adjustment, Cuban adjustment, special immigrant juvenile adjustment or special immigrant military personnel adjustment), **you are not eligible for adjustment of status if any of the following apply to you:**

- you entered the U.S. in transit without a visa;
- you entered the U.S. as a nonimmigrant crewman;
- you were not admitted or paroled following inspection by an immigration officer;
- your authorized stay expired before you filed this application; you were employed in the U.S. prior to filing this application, without INS authorization; or you otherwise failed to maintain your nonimmigrant status, other than through no fault of your own or for technical reasons, unless you are applying because you are an immediate relative of a U.S. citizen (parent, spouse, widow, widower or unmarried child under 21 years old), a K-1 fiancé(e) or K-2 fiancé(e) dependent who married the U.S. petitioner within 90 days of admission or an "H" or "I" or special

immigrant (foreign medical graduates, international organization employees or their derivative family members);

- you are or were a J-1 or J-2 exchange visitor, are subject to the two-year foreign residence requirement and have not complied with or been granted a waiver of the requirement;
- you have an A, E or G nonimmigrant status, or have an occupation which would allow you to have this status, unless you complete Form I-508 (I-508F for French nationals) to waive diplomatic rights, privileges and immunities, and if you are an A or G nonimmigrant, unless you submit a complete Form I-566;
- you were admitted to Guam as a visitor under the Guam visa waiver program;
- you were admitted to the U.S. as a visitor under the Visa Waiver Pilot Program, unless you are applying because you are an immediate relative of a U.S. citizen (parent, spouse, widow, widower or unmarried child under 21 years old);
- you are already a conditional permanent resident;
- you were admitted as a K-1 fiancé(e) but did not marry the U.S. citizen who filed the petition for you, or were admitted as the K-2 child of a fiancé(e) and your parent did not marry the U.S. citizen who filed the petition.

General Filing Instructions.

Please answer all questions by typing or clearly printing in black ink. Indicate that an item is not applicable with "N/A." If the answer is "none," write "none." If you need extra space to answer any item, attach a sheet of paper with your name and your alien registration number (A#), if any, and indicate the number of the item to which the answer refers. You must file your application with the required **Initial Evidence** described below, beginning on this page. Your application must be properly signed and filed with the correct fee. If you are under 14 years of age, your parent or guardian may sign your application.

Translations. Any foreign language document must be accompanied by a full English translation which the translator has certified as complete and correct, and by the translator's certification that he or she is competent to translate the foreign language into English.

Copies. If these instructions state that a copy of a document may be filed with this application, and you choose to send us the original, we may keep the original for our records.

Initial Evidence.

You must file your application with the following evidence:

- **Birth certificate.** Submit a copy of your foreign birth certificate or other record of your birth that meets the provisions of secondary evidence found in 8 CFR 103.2(b)(2).
- **Copy of passport page with nonimmigrant visa.** If you have obtained a nonimmigrant visa(s) from an American consulate abroad within the last year, submit a photocopy(ies) of the page(s) of your passport with the visa(s).
- **Photos.** Submit two (2) identical natural color photographs of yourself, taken within 30 days of the application. Photos must have a white background, be unmounted, printed on thin paper and be glossy and unretouched. They must show a three-quarter frontal profile showing the right side of your face, with your right ear visible and with your head bare. You may wear a headdress if required by a religious order of which you are a member. The photos must be no larger than 2 X 2 inches, with the distance from the top of the head to just below the chin about 1 and 1/4 inches. Lightly print your A# (or your name if you have no A#) on the back of each photo, using a pencil.
- **Fingerprints.** If you are between the ages of 14 and 75, you must be fingerprinted. After filing this application, INS will notify you in writing of the time and location where you must go to be fingerprinted. Failure to appear to be fingerprinted may result in denial of your application.
- **Police clearances.** If you are filing for adjustment of status as a member of a special class described in an I-485 supplement form, please read the instructions on the supplement form to see if you need to obtain and submit police clearances, in addition to the required fingerprints, with your application.
- **Medical examination (Section 232 of the Act).** When required, submit a medical examination report on the form you have obtained from INS.

- **A. Individuals applying for adjustment of status through the INS Service Center:** 1) **General:** If you are filing your adjustment of status application with the INS Service Center, include your medical exam report with the application, unless you are a refugee or asylee. 2) **Refugees:** If you are applying for adjustment of status one year after you were admitted as a refugee, you only need to submit a vaccination supplement with your adjustment of status application, not the entire medical report, **unless** there were medical grounds of inadmissibility that arose during the initial exam you had overseas.
 - **B. Individuals applying for adjustment of status through the local INS office and asylees applying for adjustment of status through the Service Center:** If you are filing your adjustment of status application with the local INS office, or if you are an asylee filing an adjustment of status application with the Service Center, one year after you were granted asylum, do not submit a medical report with your adjustment of status application. Wait for further instructions from INS about how and where to take the medical exam and submit the medical exam report.
 - **Fiance(e)s:** If you are a K-1 fiance(e) or K-2 dependent who had a medical exam within the past year as required for the nonimmigrant fiance (e) visa, you only need to submit a vaccination supplement, not the entire medical report. You may include the vaccination supplement with your adjustment of status application.
 - **Individuals not required to have a medical exam:** The medical report is not required if you are applying for creation of a record for admission as a lawful permanent resident under section 249 of the Act as someone who has continuously resided in the United States since January 1, 1972 (registry applicant).
 - **Form G-325A, Biographic Information Sheet.** You must submit a completed G-325A if you are between 14 and 79 years of age.
 - **Evidence of status.** Submit a copy of your Form I-94, Nonimmigrant Arrival/Departure Record, showing your admission to the U.S. and current status, or other evidence of your status.
 - **Affidavit of Support/Employment Letter.**
 - **Affidavit of Support.** Submit the Affidavit of Support (Form I-864) if your adjustment of status application is based on your entry as a fiance(e), or a relative visa petition (Form I-130) filed by your relative or on an employment based visa petition (Form I-140) based on a business that is five percent or more owned by your family.
 - **Employment Letter.** If your adjustment of status application is based on an employment based visa petition (Form I-140), you must submit a letter on the letterhead of the petitioning employer which confirms that the job on which the visa petition is based is still available to you. The letter must also state the salary that will be paid.
- (Note: The affidavit of support and/or employment letter are not required if you applying for creation of record based on continuous residence since before January 1, 1972, asylum adjustment, or a Cuban or a spouse or unmarried child of a Cuban who was admitted after January 1, 1959.)
- **Evidence of eligibility.**
 - **Based on an immigrant petition.** Attach a copy of the approval notice for an immigrant petition which makes a visa number immediately available to you, or submit a complete relative, special immigrant juvenile or special immigrant military petition which, if approved, will make a visa number immediately available to you.
 - **Based on admission as the K-1 fiance(e) of a U.S. citizen and subsequent marriage to that citizen.** Attach a copy of the fiance(e) petition approval notice, a copy of your marriage certificate and your Form I-94.
 - **Based on asylum status.** Attach a copy of the letter or Form I-94 which shows the date you were granted asylum.
 - **Based on continuous residence in the U.S. since before January 1, 1972.** Attach copies of evidence that shows continuous residence since before January 1, 1972.
 - **Based on Cuban citizenship or nationality.** Attach evidence of your citizenship or nationality, such as a copy of your passport, birth certificate or travel document.
 - **Based on derivative status as the spouse or child of another adjustment applicant or person granted permanent residence based on issuance of an immigrant visa.** File your application with the application of that other applicant, or with evidence that it is pending with the Service or has been approved, or evidence that your spouse or parent has been granted permanent residence based on an immigrant visa and:
 - If you are applying as the spouse of that person, also attach a copy of your marriage certificate and copies of documents showing the legal termination of all other marriages by you and your spouse;
 - If you are applying as the child of that person, also attach a copy of your birth certificate, and if the other person is not your natural mother, copies of evidence (such as a marriage certificate and documents showing the legal termination of all other marriages and an adoption decree) to demonstrate that you qualify as his or her child.
 - **Other basis for eligibility.** Attach copies of documents proving that you are eligible for the classification.
- Where to File.**
File this application at the INS office having jurisdiction over your place of residence.
- Fee.** The fee for this application is **\$220**, except that it is **\$160** if you are less than 14 years old. There is no application fee if you are filing as a refugee under section 209(a) of the Act. If you are between the ages of 14 and 75, there is a \$25 fingerprinting fee in addition to the application fee. For example, if your application fee is \$220 and you are between the ages of 14 and 75, the total fee you must pay is \$245. You may submit one check or money order for both the application and fingerprinting fees. Fees must be submitted in the exact amount. **DO NOT MAIL CASH.** Fees cannot be refunded. All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. The check or money order should be made payable to the Immigration and Naturalization Service, except that:
- if you live in Guam and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
 - if you live in the U.S. Virgin Islands and are filing this application in the U.S. Virgin Islands, make your check or money order payable to the "Commissioner of Finance of the Virgin Islands."
- Checks are accepted subject to collection. An uncollected check in payment of an application fee will render the application and any document issued invalid. A charge of \$30 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.
- Processing Information.**
- Acceptance.** Any application that is not signed, or is not accompanied by the correct application fee, will be rejected with a notice that the application is deficient. You may correct the deficiency and resubmit the application. An application is not considered properly filed until accepted by the INS.
- Initial Processing.** Once an application has been accepted, it will be checked for completeness, including submission of the required initial evidence. If you do not completely fill out the form, or file it without required initial evidence, you will not establish a basis for eligibility, and we may deny your application.
- Requests for More Information.** We may request more information or evidence. We may also request that you submit the originals of any copy. We may return these originals when they are no longer required.
- Interview.** After you file your application you will be notified to appear at an INS office to answer questions about the application. You will be required to answer these questions under oath or affirmation. You must bring your Arrival-Departure Record (Form I-94) and any passport to the interview.
- Decision.** You will be notified in writing of the decision on your application.
- Selective Service Registration.** If you are a male at least 18 years old, but not yet 26 years old, and required according to the Military Selective Service Act to register with the Selective Service System, the INS will help you register. When your signed application is filed and accepted by the INS, we will transmit your name, current address, Social Security number, date of birth and the date you filed the application to the Selective Service to record your registration as of the filing date. If the INS does not accept your application, and if still so required, you are responsible to register with the Selective Service by other means, provided you are under 26 years of age. If you have already registered, the Selective Service will check its records to avoid any duplication. **(Note: men 18 through 25 years old, who are applying for student financial aid, government employment or job training benefits should register directly with the Selective Service or such benefits may be denied. Men can register at a local post office or on the Internet at <http://www.sss.gov>).**

Travel Outside the U.S. for Adjustment of Status Applicants Under Sections 209 and 245 of the Act and Registry Applicants Under Section 249 of the Act. Your departure from the U.S. (including brief visits to Canada or Mexico) constitutes an abandonment of your adjustment of status application, unless you are granted permission to depart and you are inspected upon your return to the U.S. Such permission to travel is called "advance parole." To request advance parole, you must file Form I-131, with fee, with the INS office where you applied for adjustment of status.

- **Exceptions: 1) H and L nonimmigrants:** If you are an H or L nonimmigrant who continues to maintain his or her status, you may travel on a valid H or L visa without obtaining advance parole.
- 2) Refugees and Asylees:** If you are applying for adjustment of status one year after you were admitted as a refugee or one year after you were granted asylum, you may travel outside the United States on your valid refugee travel document, if you have one, without the need to obtain advance parole.
- **WARNING:** Travel outside of the U.S. may trigger the 3-and 10-year bars to admission under section 212(a)(9)(B)(i) of the Act for adjustment applicants, but not registry applicants. This ground of inadmissibility is triggered if you were unlawfully present in the U.S. (i.e., you remained in the United States beyond the period of stay authorized by the Attorney General) for more than 180 days before you applied for adjustment of status, and you travel outside of the U.S. while your adjustment of status application is pending. **(Note:** Only unlawful presence that accrued on or after April 1, 1997, counts towards the 3-and 10-year bars under section 212 (a)(9) (B)(i) of the Act.)
- If you become inadmissible under section 212(a)(9)(B)(i) of the Act while your adjustment of status application is pending, you will need a waiver of inadmissibility under section 212(a)(9)(B)(v) of the Act before your adjustment of status application can be approved. This waiver, however, is granted on a case-by-case basis and in the exercise of discretion. It requires a showing of extreme hardship to your U.S. citizen or lawful permanent resident spouse or parent, unless you are a refugee or asylee. For refugees and asylees, the waiver may be granted for humanitarian reasons, to assure family unity or if it is otherwise in the public interest.

Penalties. If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

Privacy Act Notice. We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 USC 1255 and 1259. We may provide this information to other government agencies, including the Selective Service System. Your failure to provide this information on this form and any requested evidence may delay a final decision or result in denial of your application.

Paperwork Reduction Act Notice. A person is not required to respond to a collection of information unless it displays a current valid OMB number. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is computed as follows: (1) 20 minutes to learn about the law and form; (2) 25 minutes to complete the form and (3) 270 minutes to assemble and file the application, including the required interview and travel time -- for a total estimated average of 5 hours and 15 minutes per application. If you have comments regarding the accuracy of this estimate or suggestions to make this form simpler, you should write to the Immigration and Naturalization Service, 425 I Street, N.W., Room 5307, Washington, D.C. 20536; OMB No. 1115-0053. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

**Form I-485, Application to Register
Permanent Resident or Adjust Status****START HERE - Please Type or Print****Part 1. Information About You.**

Family Name	Given Name	Middle Initial
Address - C/O		
Street Number and Name		Apt. #
City		
State		Zip Code
Date of Birth (month/day/year)		Country of Birth
Social Security #		A # (if any)
Date of Last Arrival (month/day/year)		I-94 #
Current INS Status		Expires on (month/day/year)

Part 2. Application Type. (check one)**I am applying for an adjustment to permanent resident status because:**

- a. ☐ an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice-- or a relative, special immigrant juvenile or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ my spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). [Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.]
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year.
- f. ☐ I am the husband, wife or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least one year.
- g. ☐ I have continuously resided in the U.S. since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper.)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	
Section of Law <input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other _____	
Country Chargeable	
Eligibility Under Sec. 245 Approved Visa Petition Dependent of Principal Alien Special Immigrant Other _____	
Preference	
Action Block	
To be Completed by Attorney or Representative, if any <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant. VOLAG # _____	
ATTY State License # _____	

Continued on back

Part 3. Processing Information.

A. City/Town/Village of Birth		Current Occupation	
Your Mother's First Name		Your Father's First Name	
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94)			
Place of Last Entry Into the U.S. (City/State)		In what status did you last enter? (Visitor, student, exchange alien, crewman, temporary worker, without inspection, etc.)	
Were you inspected by a U.S. Immigration Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nonimmigrant Visa Number		Consulate Where Visa Was Issued	
Date Visa Was Issued (month/day/year)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Have you ever before applied for permanent resident status in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes," give date and place of filing and final disposition.			

B. List your present husband/wife and all your sons and daughters. (If you have none, write "none." If additional space is needed, use a separate piece of paper.)

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Relationship	A #	Applying with You? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of the organization(s), location(s), dates of membership from and to, and the nature of the organization (s). If additional space is needed, use a separate piece of paper.

Part 3. Processing Information. *(Continued)*

Please answer the following questions. (If your answer is "Yes" to any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust your status or register for permanent residence.)

1. Have you ever, in or outside the U. S.:
 - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ☐ Yes ☐ No
 - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☐ No
 - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☐ No
 - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.? ☐ Yes ☐ No
2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☐ No
3. Have you ever:
 - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☐ No
 - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☐ No
 - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally? ☐ Yes ☐ No
 - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☐ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☐ No
5. Do you intend to engage in the U.S. in:
 - a. espionage? ☐ Yes ☐ No
 - b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? ☐ Yes ☐ No
 - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☐ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☐ No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☐ No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion? ☐ Yes ☐ No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? ☐ Yes ☐ No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S. or any immigration benefit? ☐ Yes ☐ No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☐ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver? ☐ Yes ☐ No
13. Are you now withholding custody of a U.S. citizen child outside the U.S. from a person granted custody of the child? ☐ Yes ☐ No
14. Do you plan to practice polygamy in the U.S.? ☐ Yes ☐ No

Part 4. Signature. *(Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)*

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records which the INS needs to determine eligibility for the benefit I am seeking.

Selective Service Registration. The following applies to you if you are a man at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: I understand that my filing this adjustment of status application with the Immigration and Naturalization Service authorizes the INS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon INS acceptance of my application, I authorize INS to transmit to the Selective Service System my name, current address, Social Security number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, the INS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26.

<i>Signature</i>	<i>Print Your Name</i>	<i>Date</i>	<i>Daytime Phone Number</i>
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Please Note: *If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.*

Part 5. Signature of Person Preparing Form, If Other Than Above. (Sign Below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

<i>Signature</i>	<i>Print Your Name</i>	<i>Date</i>	<i>Daytime Phone Number</i>
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*Firm Name
and Address*

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)
FATHER MOTHER (Maiden name)						
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
						PRESENT TIME	

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREETAND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER		OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR
					PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE		
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):						
Submit all four pages of this form.		If your native alphabet is other than roman letters, write your name in your native alphabet here:				

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: **BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)
FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)			CITY AND COUNTRY OF RESIDENCE
FATHER MOTHER (Maiden name)						
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
						PRESENT TIME	

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREETAND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER		OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR
					PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE		
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):						
Submit all four pages of this form.		If your native alphabet is other than roman letters, write your name in your native alphabet here:				

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)				(Given name)		(Middle name)		(Alien registration number)	
(OTHER AGENCY USE)								INS USE (Office of Origin)	
								OFFICE CODE:	
								TYPE OF CASE:	
								DATE:	

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)
FATHER MOTHER (Maiden name)						
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
						PRESENT TIME	

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREETAND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER		OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR
					PRESENT TIME	

Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE		
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):						
Submit all four pages of this form.		If your native alphabet is other than roman letters, write your name in your native alphabet here:				

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)				(Given name)		(Middle name)		(Alien registration number)	
(OTHER AGENCY USE)								INS USE (Office of Origin)	
								OFFICE CODE:	
								TYPE OF CASE:	
								DATE:	

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)
FATHER MOTHER (Maiden name)						
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREETAND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER		OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR

Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE		
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):						
Submit all four pages of this form.		If your native alphabet is other than roman letters, write your name in your native alphabet here:				

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) (Given name) (Middle name) (Alien registration number)			
(OTHER AGENCY USE)			INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:

Immigrant Petition for Alien Worker

Purpose of This Form.

This form is used to petition for an immigrant based on employment.

Who May File.

Any person may file this petition on behalf of an alien who:

- has extraordinary ability in the sciences, arts, education, business, or athletics demonstrated by sustained national or international acclaim, whose achievements have been recognized in the field; or
- is a member of the profession holding an advanced degree or is claiming exceptional ability in the sciences, arts, or business, and is seeking an exemption of the requirement of a job offer in the national interest.

A U.S. employer may file this petition for:

- An outstanding professor or researcher, with at least three years of experience in teaching or research in the academic area, who is recognized internationally as outstanding:
 - in a tenured or tenure-track position at a university or institution of higher education to teach in the academic area, or
 - in a comparable position at a university or institution of higher education to conduct research in the area, or
 - in a comparable position to conduct research for a private employer that employs at least three persons in full-time research activities and which achieved documented accomplishments in an academic field.
- An alien who, in the three years preceding the filing of this petition, has been employed for at least one year by a firm or corporation or other legal entity and who seeks to enter the U.S. to continue to render services to the same employer, or to a subsidiary or affiliate, in a capacity that is managerial or executive.
- A member of the professions holding an advanced degree or an alien with exceptional ability in the sciences, arts, or business who will substantially benefit the national economy, cultural or educational interests, or welfare of the U.S.
- A skilled worker (requiring at least two years of specialized training or experience in the skill) to perform labor for which qualified workers are not available in the U.S.
- A member of the professions with a baccalaureate degree.
- An unskilled worker to perform labor for which qualified workers are not available in the U.S.

General Filing Instructions.

Please answer all questions by typing or clearly printing in ink. Indicate that an item is not applicable with "N/A." If an answer to a question is "none," write "none." If you need extra space to answer any item, attach a sheet of paper with your name and your A#, if any, and indicate the number of the item to which the answer refers. You must file your petition with the required initial evidence. Your petition must be properly signed and filed with the correct fee.

Initial Evidence.

If you are filing for an alien of extraordinary ability in the sciences, arts, education, business, or athletics, you must file your petition with:

- Evidence of a one-time achievement (i.e., a major, internationally recognized award); or
- At least three of the following:
 - receipt of lesser nationally or internationally recognized prizes or awards for excellence in the field of endeavor,
 - membership in associations in the field which require outstanding achievements as judged by recognized national or international experts,
 - published material about the alien in professional or major trade publications or other major media,
 - participation on a panel or individually as a judge of the work of others in the field or an allied field,
 - original scientific, scholarly, artistic, athletic, or business-related contributions of major significance in the field,
 - authorship of scholarly articles in the field, in professional or major trade publications or other major media,
 - display of the alien's work at artistic exhibitions or showcases,
 - evidence that the alien has performed in a leading or critical role for organizations or establishments that have distinguished reputations,
 - evidence that the alien has commanded a high salary or other high remuneration for services,
 - evidence of commercial successes in the performing arts, as shown by box office receipts or record, cassette, compact disk, or video sales.
- If the above standards do not readily apply to the alien's occupation, you may submit comparable evidence to establish the alien's eligibility; and

- Evidence that the alien is coming to the U.S. to continue work in the area of expertise. Such evidence may include letter(s) from prospective employer(s), evidence of prearranged commitments such as contracts, or a statement from the alien detailing plans on how he or she intends to continue his or her work in the U.S.

A U.S. employer filing for an outstanding professor or researcher must file the petition with:

- Evidence of at least two of the following:
 - receipt of major prizes or awards for outstanding achievement in the academic field,
 - membership in associations in the academic field, which require outstanding achievements of their members,
 - published material in professional publications written by others about the alien's work in the academic field,
 - participation on a panel, or individually, as the judge of the work of others in the same or an allied academic field,
 - original scientific or scholarly research contributions to the academic field, or
 - authorship of scholarly books or articles, in scholarly journals with international circulation, in the academic field.
- Evidence the beneficiary has at least three years of experience in teaching and/or research in the academic field; and
- If you are a university or other institution of higher education, a letter indicating that you intend to employ the beneficiary in a tenured or tenure-track position as a teacher or in a permanent position as a researcher in the academic field; or
- If you are a private employer, a letter indicating that you intend to employ the beneficiary in a permanent research position in the academic field, and evidence that you employ at least three full-time researchers and have achieved documented accomplishments in the field.

A U.S. employer filing for a multinational executive or manager must file the petition with a statement which demonstrates that:

- If the worker is now employed outside the U.S., that he or she has been employed outside the U.S. for at least one year in the past three years in an executive or managerial capacity by the petitioner or by its parent, branch, subsidiary or affiliate, or, if the worker is already employed in the U.S., that he or she was employed outside the U.S. for at least one year in the three years preceding admission as a nonimmigrant in an executive or managerial capacity by the petitioner or by its parent, branch, subsidiary or affiliate;

- The prospective employer in the U.S. is the same employer or a subsidiary or affiliate of the firm or corporation or other legal entity by which the alien was employed abroad;
- The prospective U.S. employer has been doing business for at least one year; and
- The alien is to be employed in the U.S. in a managerial or executive capacity. A description of the duties to be performed should be included.

A U.S. employer filing for a member of the professions with an advanced degree or a person with: exceptional ability in the sciences, arts or business must file the petition with:

- A labor certification (see General Evidence), or a request for a waiver of a job offer because the employment is deemed to be in the national interest, with documentation provided to show that the beneficiary's presence in the U.S. would be in the national interest; and either:
- An official academic record showing that the alien has a U.S. advanced degree or an equivalent foreign degree, or an official academic record showing that the alien has a U.S. baccalaureate degree or an equivalent foreign degree and letters from current or former employers showing that the alien has at least five years of progressive post-baccalaureate experience in the speciality; or
- At least three of the following:
 - an official academic record showing that the alien has a degree, diploma, certificate, or similar award from an institution of learning relating to the area of exceptional ability;
 - letters from current or former employers showing that the alien has at least ten years of full-time experience in the occupation for which he or she is being sought;
 - a license to practice the profession or certification for a particular profession or occupation;
 - evidence that the alien has commanded a salary, or other remuneration for services, which demonstrates exceptional ability;
 - evidence of membership in professional associations; or
 - evidence of recognition for achievements and significant contributions to the industry or field by peers, governmental entities, or professional or business organizations.
- If the above standards do not readily apply to the alien's occupation, you may submit comparable evidence to establish the alien's eligibility.

A U.S. employer filing for a skilled worker must file the petition with:

- A labor certification (see GENERAL EVIDENCE);
- Evidence that the alien meets the educational, training, or experience and any other requirements of the labor certification (the minimum requirement is two years of training or experience).

A U.S. employer filing for a professional must file the petition with:

- A labor certification (see GENERAL EVIDENCE);
- Evidence that the alien holds a U.S. baccalaureate degree or equivalent foreign degree; and
- Evidence that a baccalaureate degree is required for entry into the occupation.

A U.S. employer filing for an unskilled worker must file the petition with:

- A labor certification (see GENERAL EVIDENCE); and
- Evidence that the beneficiary meets any education, training, or experience requirements required in the labor certification.

General Evidence.

Labor certification. Petitions for certain classifications must be filed with a certification from the Department of Labor or with documentation to establish that the alien qualifies for one of the shortage occupations in the Department of Labor's Labor Market Information Pilot Program or for an occupation in Group I or II of the Department of Labor's Schedule A.

A certification establishes that there are not sufficient workers who are able, willing, qualified, and available at the time and place where the alien is to be employed and that employment of the alien, if qualified, will not adversely affect the wages and working conditions of similarly employed U.S. workers. Application for certification is made on Form ETA-750 and is filed at the local office of the State Employment Service. If the alien is in a shortage occupation, or for a Schedule A/Group I or II occupation, you may file a fully completed, uncertified Form ETA-750 in duplicate with your petition for determination by INS that the alien belongs to the shortage occupation.

Ability to pay wage. Petitions which require job offers must be accompanied by evidence that the prospective U.S. employer has the ability to pay the proffered wage. Such evidence shall be in the form of copies of annual reports, federal tax returns, or audited financial statements.

In a case where the prospective U.S. employer employs 100 or more workers, a statement from a financial officer of the organization which establishes ability to pay the wage may be submitted. In

appropriate cases, additional evidence, such as profit/loss statements, bank account records, or personnel records, may be submitted.

Translations. Any foreign language document must be accompanied by a full English translation, which the translator has certified as complete and correct, and by the translator's certification that he or she is competent to translate the foreign language into English.

Copies. If these instructions state that a copy of a document may be filed with this petition and you choose to send us the original, we may keep that original for our records. Copies may be submitted of all documentation with the exception of the Labor Certification which **must** be submitted in the original.

Where to File.

File this petition at the INS service center with jurisdiction over the place where the alien will be employed.

If the alien's employment will be in Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, South Carolina, Oklahoma, Tennessee, or Texas, mail the petition to:

USINS Texas Service Center
P.O. Box 852135
Mesquite, TX 75185-2135

If the alien's employment will be in Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, U.S. Virgin Islands, Virginia or West Virginia, mail the petition to:

USINS Vermont Service Center
75 Lower Weldon Street
St. Albans, VT 05479-0001

If the alien's employment will be in Arizona, California, Guam, Hawaii or Nevada, mail the petition to:

USINS California Service Center
P.O. Box 10140
Laguna Niguel, CA 92607-0140

If the alien's employment will be in Alaska, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin or Wyoming, mail the petition to:

USINS Nebraska Service Center
P.O. Box 87140
Lincoln, NE 68501-7140

Fee.

The fee for this petition is \$115.00. The fee must be submitted in the exact amount. It cannot be refunded.

DO NOT MAIL CASH. All checks and money orders must be drawn on a bank or other institution located in the United States and must be payable in United States currency. The check or money order should be made payable to the Immigration and Naturalization Service, except:

- If you live in Guam and are filing this application in Guam, make your check or money order payable to the "Treasurer, Guam."
- If you live in the Virgin Islands and are filing this application in the Virgin Islands, make your check or money order payable to the "Commissioner of Finance of the Virgin Islands."

Checks are accepted subject to collection. An uncollected check will render the application and any document issued invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn.

Processing Information.

Acceptance. Any petition that is not signed or is not accompanied by the correct fee will be rejected with a notice that it is deficient. You may correct the deficiency and resubmit the petition. However, a petition is not considered properly filed until accepted by INS. A priority date will not be assigned until the petition is properly filed.

Initial processing. Once the petition had been accepted, it will be checked for completeness, including submission of the required initial evidence. If you do not completely fill out the form, or file it without the required initial evidence, you will not establish a basis for eligibility, and we may deny your petition.

Requests for more information or interview. We may request more information or evidence, or we may request that you appear at an INS office for an interview. We may also request that you submit the originals of any copy. We will return these originals when they are no longer required.

Decision. If you have established eligibility for the benefit requested, your petition will be approved. If you have not established eligibility, your petition will be denied. You will be notified in writing of the decision on your petition.

Meaning of petition approval.

Approval of a petition means you have established that the person you are filling for is eligible for the requested classification.

This is the first step towards permanent residence. However, this does not in itself grant permanent residence or employment authorization. You will be given information about the requirements for the person to receive an immigrant visa or to adjust status after your petition is approved.

Penalties.

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this petition, we will deny the benefit you are seeking and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

Privacy Act Notice.

We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 USC 1154. We may provide this information to other government agencies. Failure to provide this information and any requested evidence may delay a final decision or result in denial of your request.

Paperwork Reduction Act Notice.

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimate average time to complete and file this application is as follows: (1) 20 minutes to learn about the law and form; (2) 15 minutes to complete the form; and (3) 45 minutes to assemble and file the petition; for a total estimated average of 1 hour and 20 minutes per petition. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, D.C. 20536; OMB No. 1115-0061. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

START HERE - Please Type or Print

Part 1. Information about the person or organization filing this petition.

If an individual is filing, use the top name line. Organizations should use the second line.

Family Name	Given Name	Middle Initial
-------------	------------	----------------

Company or Organization

Address - Attn:

Street Number and Name	Room
------------------------	------

City	State or Province
------	-------------------

Country	Zip/Postal Code
---------	-----------------

IRS Tax #	Social Security #
-----------	-------------------

Part 2. Petition type.

This petition is being filed for (check one)

- a. ☐ An alien of extraordinary ability
- b. ☐ An outstanding professor or researcher
- c. ☐ A multinational executive or manager
- d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability
- e. ☐ A skilled worker (requiring at least two years of specialized training or experience) or professional (Item F- no longer available)
- g. ☐ Any other worker (requiring less than two years of training or experience)
- h. ☐ Soviet Scientist
- i. ☐ An alien applying for a national interest waiver

Part 3. Information about the person you are filing for.

Family Name	Given Name	Middle Initial
-------------	------------	----------------

Address - C/O

Street # and Name	Apt. #
-------------------	--------

City	State or Province
------	-------------------

Country	Zip or Postal Code
---------	--------------------

Date of Birth (Month/Day/Year)	Country of Birth
--------------------------------	------------------

Social Security # (if any)	A # (if any)
----------------------------	--------------

If in the U.S.	Date of Arrival (Month/Day/Year)	I-94#
----------------	----------------------------------	-------

Current Nonimmigrant Status	Expires on (Month/Day/Year)
-----------------------------	-----------------------------

To Be Completed by Attorney or Representative, if any
☐ Fill in box if G-28 is attached to represent the petitioner

VOLAG# ATTY State License #

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Petitioner Interviewed <input type="checkbox"/> Beneficiary Interviewed	
Classification <input type="checkbox"/> 203(b)(1)(A) Alien of Extraordinary Ability <input type="checkbox"/> 203(b)(1)(B) Outstanding Professor or Researcher <input type="checkbox"/> 203(b)(1)(C) Multi-national executive or manager <input type="checkbox"/> 203(b)(2) Member of professions w/adv. degree or exceptional ability <input type="checkbox"/> 203(b)(3) (A) (i) Skilled Worker <input type="checkbox"/> 203(b)(3) (A) (ii) Professional <input type="checkbox"/> 203(b)(3) (A) (iii) Other worker	
Certification: <input type="checkbox"/> Blanket Labor Certification <input type="checkbox"/> Schedule A, Group I <input type="checkbox"/> Schedule A, Group II	
Priority Date	Consulate
Remarks	
Action Block	

Part 4. Processing information.

Check one:

- ☐ The person named in Part 3 is now in the U.S. and an application to adjust status to permanent resident will be filed if this petition is approved.
- ☐ If the petition is approved, and the person named in Part 3 wishes to apply for an immigrant visa abroad, complete the following for that person:

Country of nationality: _____

Country of current residence or, if now in the U.S., last permanent residence abroad: _____

If you provided a U.S. address in Part 3, print the person's foreign address: _____

If the person's native alphabet is other than Roman letters, write the foreign address in the native alphabet: _____

Are you filing any other petitions or applications with this one?	<input type="checkbox"/> No	<input type="checkbox"/> Yes-attach an explanation
Is the person you are filing for in removal proceedings?	<input type="checkbox"/> No	<input type="checkbox"/> Yes-attach an explanation
Has an immigrant visa petition ever been filed by or on behalf of this person?	<input type="checkbox"/> No	<input type="checkbox"/> Yes-attach an explanation

Part 5. Additional information about the employer.

Type of petitioner (check one)	<input type="checkbox"/> Self	<input type="checkbox"/> Individual U.S. citizen	<input type="checkbox"/> Company or organization
	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other - explain _____	

If a company, give the following:

Type of business

Date Established	Current # of employees	Gross Annual Income	Net Annual Income
------------------	---------------------------	---------------------	-------------------

If an individual, give the following:

Occupation

Annual Income

Part 6. Basic information about the proposed employment.

Job title	Nontechnical description of job
--------------	------------------------------------

Address where the person will work
if different from address in Part 1.

Is this a full-time position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (hours per week _____)	Wages per week \$
----------------------------------	------------------------------	--	----------------------

Is this a permanent position?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a new position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------	--	-------------------------	--

Part 7. Information on spouse and all children of the person you are filing for.

Provide an attachment listing the family members of the person you are filing for. Be sure to include their full name, relationship, date and country of birth and present address.

Part 8. Signature. *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete Part 9.*

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it are all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Petitioner's Signature	Print Name	Date	Daytime Telephone No.
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Please Note: *If you do not completely fill out this form or fail to submit required documents listed in the instructions, you cannot be found eligible for my requested document and this application may be denied.*

Part 9. Signature of person preparing form, if other than above. (Sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Name	Date	Daytime Telephone No.
-----------	------------	------	-----------------------

Firm Name
and Address

(Please type or print clearly)

I certify that on the date shown I examined:

1. Name (Last in CAPS)

(First)

(Middle Initial)

2. Address (Street number and name)

(Apt. number)

(City)

(State)

(Zip Code)

3. File number (A number)

4. Sex

☐ Male

☐ Female

5. Date of birth (Month/Day/Year)

6. Country of birth

7. Date of examination (Month/Day/Year)

General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;

☐ No apparent defect, disease, or disability.

☐ The conditions listed below were found (check all boxes that apply).

Class A Conditions

☐ Chancroid

☐ Hansen's disease, infectious

☐ Mental defect

☐ Psychopathic personality

☐ Chronic alcoholism

☐ HIV infection

☐ Mental retardation

☐ Sexual deviation

☐ Gonorrhea

☐ Insanity

☐ Narcotic drug addiction

☐ Syphilis, infectious

☐ Granuloma inguinale

☐ Lymphogranuloma venereum

☐ Previous occurrence of one or more attacks of insanity

☐ Other physical defect, disease or disability (specify below).

Class B Conditions

☐ Hansen's disease, not infectious

☐ Tuberculosis, not active

Examination for Tuberculosis - Tuberculin Skin Test

☐ Reaction _____ mm

☐ No reaction

☐ Not Done

Doctor's name (please print)

Date read

Examination for Tuberculosis - Chest X-Ray Report

☐ Abnormal

☐ Normal

☐ Not done

Doctor's name (please print)

Date read

Serologic Test for Syphilis

☐ Reactive Titer (confirmatory test performed)

☐ Nonreactive

Test Type

Doctor's name (please print)

Date read

Serologic Test for HIV Antibody

☐ Positive (confirmed by Western blot)

☐ Negative

Test Type

Doctor's name (please print)

Date read

Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)

☐ Applicant is currently for recommended age-specific immunizations.

☐ Applicant is not current for recommended age-specific immunizations and I have encouraged that appropriate immunizations be obtained.

REMARKS:

Civil Surgeon Referral for Follow-up of Medical Condition

☐ The alien named above has applied for adjustment of status. A medical examination conducted by me identified the conditions above which require resolution before medical clearance is granted or for which the alien may seek medical advice. Please provide follow-up services or refer the alien to an appropriate health care provider. The actions necessary for medical clearance are detailed on the reverse of this form.

Follow-up Information:

The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

Application Certification

I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Date

Civil Surgeon Certification:

My examination showed the applicant to have met the medical examination and health follow-up requirements for adjustment of status.

Doctor's name address (please type or print clearly)

Doctor's signature

Date

The Immigration and Naturalization Service is authorized to collect this information under the provisions of the Immigration and Nationality Act and the Immigration Reform and Control Act of 1986, Public Law 99-603

**Medical Clearance Requirements
for Aliens Seeking Adjustment of Status**

Medical Condition	Estimate Time For Clearance	Action Required
<i>*Suspected Mental Conditions</i>	5 - 30 Days	The applicant must provide to a civil surgeon a psychological or psychiatric evaluation from a specialist or medical facility for final classification and clearance.
<i>Tuberculin Skin Test Reaction and Normal Chest X-Ray</i>	Immediate	The applicant should be encouraged to seek further medical evaluation for possible preventive treatment.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
<i>***Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
<i>Immunizations Incomplete</i>	Immediate	Immunizations are not required, but the applicant should be encouraged to go to physician or local health department for appropriate immunizations
<i>HIV Infection</i>	Immediate	Post - test counseling is not required, but the applicant should be encouraged to seek appropriate post-test counseling.

*Mental retardation; insanity; previous attack of insanity; psychopathic personality, sexual deviation or mental defect; narcotic drug addition; and chronic alcoholism.

**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

(Please type or print clearly)

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(First)

(Middle Initial)

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(Apt. number)

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(State)

(Zip Code)

3. File number (A number)

4. Sex

☐ Male

☐ Female

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General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;

☐ No apparent defect, disease, or disability.

☐ The conditions listed below were found (check all boxes that apply).

Class A Conditions

☐ Chancroid

☐ Hansen's disease, infectious

☐ Mental defect

☐ Psychopathic personality

☐ Chronic alcoholism

☐ HIV infection

☐ Mental retardation

☐ Sexual deviation

☐ Gonorrhea

☐ Insanity

☐ Narcotic drug addiction

☐ Syphilis, infectious

☐ Granuloma inguinale

☐ Lymphogranuloma venereum

☐ Previous occurrence of one or more attacks of insanity

☐ Other physical defect, disease or disability (specify below).

Class B Conditions

☐ Hansen's disease, not infectious

☐ Tuberculosis, not active

Examination for Tuberculosis - Tuberculin Skin Test

☐ Reaction _____ mm

☐ No reaction

☐ Not Done

Doctor's name (please print)

Date read

Examination for Tuberculosis - Chest X-Ray Report

☐ Abnormal

☐ Normal

☐ Not done

Doctor's name (please print)

Date read

Serologic Test for Syphilis

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☐ Nonreactive

Test Type

Doctor's name (please print)

Date read

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☐ Positive (confirmed by Western blot)

☐ Negative

Test Type

Doctor's name (please print)

Date read

Immunization Determination (DTP, OPV, MMR, Td-Refer to *PHS Guidelines* for recommendations.)

☐ Applicant is currently for recommended age-specific immunizations.

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The alien named above has complied with the recommended health follow-up.

Doctor's name and address (please type or print clearly)

Doctor's signature

Date

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I certify that I understand the purpose of the medical examination, I authorize the required tests to be completed, and the information on this form refers to me.

Signature

Date

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for Aliens Seeking Adjustment of Status**

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<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Inactive/Class B)</i>	10 - 30 Days	The applicant should be referred to a physician or local health department for further evaluation. Medical clearance may not be granted until the application returns to the civil surgeon with documentation of medical evaluation for tuberculosis.
<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
<i>Hansen's Disease</i>	30 - 210 Days	Obtain an evaluation from a specialist of Hansen's disease clinic. If the disease is indeterminate or Tuberculoid, the applicant must present to the civil surgeon documentation of medical evaluation. If disease is Lepromatous or Borderline (dimorphous) and treatment is started, the applicant must complete at least 6 months and present documentation to the civil surgeon showing adequate supervision, treatment, and clinical response before a medical clearance is granted.
<i>***Venereal Diseases</i>	1 - 30 Days	Obtain an appointment with a physician or local public health department. An applicant with a reactive serologic test for syphilis must provide to the civil surgeon documentation of evaluation for treatment. If any of the venereal diseases are infectious, the applicant must present to the civil surgeon documentation of completion of treatment.
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**Chancroid; gonorrhea; granuloma inguinale; lymphogranuloma venereum; and syphilis.

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☐ Male

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☐ The conditions listed below were found (check all boxes that apply).

Class A Conditions

☐ Chancroid

☐ Hansen's disease, infectious

☐ Mental defect

☐ Psychopathic personality

☐ Chronic alcoholism

☐ HIV infection

☐ Mental retardation

☐ Sexual deviation

☐ Gonorrhea

☐ Insanity

☐ Narcotic drug addiction

☐ Syphilis, infectious

☐ Granuloma inguinale

☐ Lymphogranuloma venereum

☐ Previous occurrence of one or more attacks of insanity

☐ Other physical defect, disease or disability (specify below).

Class B Conditions

☐ Hansen's disease, not infectious

☐ Tuberculosis, not active

Examination for Tuberculosis - Tuberculin Skin Test

☐ Reaction _____ mm

☐ No reaction

☐ Not Done

Doctor's name (please print)

Date read

Examination for Tuberculosis - Chest X-Ray Report

☐ Abnormal

☐ Normal

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Doctor's name (please print)

Date read

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<i>Tuberculin Skin Test Reaction and Abnormal Chest X-Ray or Abnormal Chest X-Ray (Active or Suspected Active/Class A)</i>	10 - 300 Days	The applicant should obtain an appointment with physical or local health department. If treatment for active disease is started, it must be completed (usually 9 months) before a medical clearance may be granted. At the completion of treatment, the applicant must present to the civil surgeon documentation of completion. If treatment is not started, the applicant must present to the civil surgeon documentation of medical evaluation for tuberculosis.
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General Physical Examination: I examined specifically for evidence of the conditions listed below. My examination revealed;

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☐ The conditions listed below were found (check all boxes that apply).

Class A Conditions

☐ Chancroid

☐ Hansen's disease, infectious

☐ Mental defect

☐ Psychopathic personality

☐ Chronic alcoholism

☐ HIV infection

☐ Mental retardation

☐ Sexual deviation

☐ Gonorrhea

☐ Insanity

☐ Narcotic drug addiction

☐ Syphilis, infectious

☐ Granuloma inguinale

☐ Lymphogranuloma venereum

☐ Previous occurrence of one or more attacks of insanity

☐ Other physical defect, disease or disability (specify below).

Class B Conditions

☐ Hansen's disease, not infectious

☐ Tuberculosis, not active

Examination for Tuberculosis - Tuberculin Skin Test

☐ Reaction _____ mm

☐ No reaction

☐ Not Done

Doctor's name (please print)

Date read

Examination for Tuberculosis - Chest X-Ray Report

☐ Abnormal

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Doctor's name (please print)

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